

FIRST REGULAR SESSION

# SENATE BILL NO. 320

95TH GENERAL ASSEMBLY

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INTRODUCED BY SENATORS DAYS AND GRIESHEIMER.

Read 1st time February 5, 2009, and ordered printed.

TERRY L. SPIELER, Secretary.

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## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage for prosthetic devices.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Chapter 376, RSMo, is amended by adding thereto one new  
2 section, to be known as section 376.1223, to read as follows:

**376.1223. 1. Each health carrier or health benefit plan that offers  
2 or issues health benefit plans which are delivered, issued for delivery,  
3 continued, or renewed in this state on or after January 1, 2010, shall  
4 provide coverage for prosthetic devices that, at a minimum, equals the  
5 coverage provided under the federal Medicare program under 42 U.S.C.  
6 Sections 1395k, 1395l, and 1395m and 42 CFR 414.100, 414.202, 414.210,  
7 and 414.228. The coverage required under this section shall include all  
8 services and supplies medically necessary for the effective use of a  
9 prosthetic device, including formulating its design, fabrication,  
10 material and component selection, measurements, fittings, static and  
11 dynamic alignments, and instructing the patient in the use of the  
12 device.**

**13 2. For the purposes of this section, the following terms shall  
14 mean:**

**15 (1) "Health benefit plan", the same meaning as such term is  
16 defined in section 376.1350;**

**17 (2) "Health carrier", the same meaning as such term is defined in  
18 section 376.1350;**

**19 (3) "Prosthetic device", an artificial limb, device, or appliance  
20 designed to replace in whole or in part arms, legs, or eyes as set forth  
21 in 42 U.S.C. Section 1395x(s)(9).**

22           3. A health carrier may require prior authorization for  
23 prosthetic devices in the same manner that prior authorization is  
24 required for any other covered benefit.

25           4. A health benefit plan may be subject to coinsurance or  
26 co-payments on prosthetic devices in an amount not to exceed the  
27 coinsurance or co-payment amounts imposed under Part B of the  
28 Medicare fee-for-service program. A health benefit plan shall  
29 reimburse for such prosthetic devices at no less than the fee schedule  
30 amount for such prosthetic devices under the federal Medicare  
31 reimbursement schedule.

32           5. Covered benefits under this section shall be limited to the  
33 most appropriate model that adequately meets the medical needs of the  
34 insured to perform activities of daily living and essential job-related  
35 activities, as determined by the insured's treating physician.

36           6. The coverage required under this section shall include any  
37 repair or replacement of a prosthetic device that is determined  
38 medically necessary to restore or maintain the ability to complete  
39 activities of daily living or essential job-related activities.

40           7. The health benefit plan shall not impose any annual or  
41 lifetime dollar limits on coverage for prosthetic devices other than an  
42 annual or lifetime dollar limit that applies in the aggregate to all terms  
43 and conditions covered under the plan.

44           8. The provisions of this section shall not apply to a  
45 supplemental insurance policy, including a life care contract,  
46 accident-only policy, specified disease policy, hospital policy providing  
47 a fixed daily benefit only, Medicare supplement policy, long-term care  
48 policy, short-term major medical policies of six months or less duration,  
49 or any other supplemental policy as determined by the director of the  
50 department of insurance.

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